

TITLE

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POSITION	INITIALS	ID NO.	DATE
	MA		.09/15/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	ĊМ	71632	10/25/30
RESPONSE FORMALITY REVIEW			. , ,

INDEX OF CLAIMS

	— (Through numera :	I) Canceled Restricted		Appeal Objected	
Claim	Date	Claim	Date	Claim	Date
Final Strolo \$20/07 \$12/02		Final Original		Final	
_ D 22 2 2 1		51		101	
3		52		102	
3		53		103	
		54		104	
		56	- 	106	
		57		107	
B		58		106	
9		59		109	
10		60		110	
11		61 62	- 	111	
3		63		113	+ + + + + + + + + + + + + + + + + + + +
4		64		114	
5	++++1	65	+ + + + + + + + + + + + + + + + + + + +	115	
6		66		116	
17		67		117	
18		68		118	
19		69	- 	119	
20 21	+-+++	70		120	
20		7: 7:	+ +++	122	
23		- 		123	
22 23 24 25 26		74		124	
25		75		125	
26		76		126	
- 27		77		127	
18: 29) V V V V		78 79		128	
30		80		130	!
3 1		81		131	
\$ /		8.		132	
33		8.5		133	
05 1		84		134	+ + - + - + - + -
36		86		135 136	
37				137	+++++
38		8#	- + + + + +	1 38!	
39		8+	•	139	
40		90		140	. I I I I I I I I I I I I I I I I I I I
41	• • • • •	91		141	
42 43		9.1		142	1
44					+
45	• • • • • • • • • • • • • • • • • • • •	94		144	+ + - + -
46	• • • • • • •	96) 97		146	
4.	e e e e e e e e e e e e e e e e e e e	97		147	+++++
48		98		148	
4.3	• • •	99		149	

If more than 150 claims or 10 actions staple additional sheet here